

# REQUEST FOR CONSULTATION



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SPUR LINE CROSSING CENTRE  
55 ERB ST. E. SUITE 303  
WATERLOO, ON N2J 4K8  
SIGNS FOR "VOR PHYSIO"

## SERVICES REQUESTED

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Audiological Assessment</b><br>+ <input type="checkbox"/> Request ENT consult, if indicated     | <input type="checkbox"/> <b>Cerumen Removal (for fee)</b>  |
| <input type="checkbox"/> <b>Labyrinthine Function Study</b><br>+ <input type="checkbox"/> Request ENT consult, if indicated | <input type="checkbox"/> <b>Tinnitus Consult (for fee)</b> |

## PROVIDER'S NOTES

- Perforated eardrum
- Cervical/Spinal injury
- Interpreter required
- Urgent

PROVIDER NAME

PROVIDER BILLING #

## PATIENT INFORMATION

LAST NAME		FIRST NAME	
STREET	CITY	PROVINCE	POSTAL CODE
PHONE			
E-MAIL			
DOB (DD/MM/YYYY)		SEX	
HEALTH CARD NO.		VERSION CODE	

\*If indicated, patient will be referred to VOR Clinic (Vestibular & Orthopaedic Rehabilitation) for vestibular rehabilitation.

\*In case of a request for ENT consult, patient will be referred to an otolaryngologist affiliated with BalanceLab.

\*Please provide a copy of previous audiogram(s) and other relevant studies with your referral.

**FAX TO 519 208 2520**